

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024737

318

1003

6244

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUL 2 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis**Length of stay in 1b
Lifec. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **St. Johns Hospital**Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTYc. CITY OR TOWN **St. Louis**Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1914 DestrehanReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First
JohnMiddle
L.Last
Higgins

4. DATE OF DEATH

Month
6Day
20Year
625. SEX
Male6. COLOR OR RACE
White7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
4/10/029. AGE (last birthday)
60IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Constable10b. KIND OF BUSINESS OR INDUSTRY
2nd District11. BIRTHPLACE (City and state or country)
St. Louis, Missouri12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

John Higgins

13b. MOTHER'S MAIDEN NAME

Bridget O'Neil

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, np, or unknown) (If yes, give war or dates of service)
No16. SOCIAL SECURITY NO.
None17. INFORMANT
Miss Nellie Higgins 1914 Destrehan

Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

**Myocardial Infarction
Coronary Thrombosis
Arteriosclerosis - 4201**INTERVAL BETWEEN ONSET AND DEATH
1 day

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes Mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **1947 PM** to **6-20-62** and last saw him alive on **6-19-62**
Death occurred at **2:30 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Type or print)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial23b. DATE
6/23/6223c. NAME OF CEMETERY OR CREMATORY
Calvary Cemetery23d. LOCATION (City, town, or county)
St. Louis,

Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Calvin F. Feutz Funeral Home 4828 Natural**JUN 23 1962****Earl Smith. M.D.**USE BLACK INK
OR
TYPEWRITER RIBBON

Dr Carl Reis
#18 B. Kingdome
Fo-1-0150
1230-500Pm Fri

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John A. Munoz

Licensed Embalmer No. 4186

P. O. Address

St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.